UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF ALASKA

KIMBERLY ALLEN, Personal Representative of the ESTATE OF TODD ALLEN, Individually, on Behalf of the ESTATE OF TODD ALLEN, and on Behalf of the Minor Child PRESLEY GRACE ALLEN,

Plaintiffs,

vs.

UNITED STATES OF AMERICA,

Defendant.

Case No. A04-0131 (JKS)

COPY

VIDEOTAPED DEPOSITION OF DIANE "DEDE" DUNTZE, RN, ANP

Pages 1 - 184, inclusive

Friday, February 24, 2006
9:06 A.M.

Taken by Counsel for Plaintiffs
at
ASHBURN & MASON
1130 West 6th Avenue, Suite 100
Anchorage, Alaska

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with a subarachnoid hemorrhage. Would you agree that it's important that emergency care providers be familiar with a presentation of a subarachnoid hemorrhage?

A. Yes.

Q. Okay. And would you agree that it's important that providers -- emergency room providers have a basic understanding of -- that -- that the presentation of a subarachnoid hemorrhage could vary, that it's not always the same?

A. Yes.

Q. All right. Going back to patients with -- who may have a subarachnoid hemorrhage, where that's part of a differential diagnosis. I just want to make sure I have sort of exhausted everything that you would be concerned about looking at as an emergency room provider in a patient where -- that's part of your differential diagnosis.

We have gone over the physical exam, the neurological exam, and a history. Is there anything else that you would want to know as a provider, in terms of trying to figure out whether or not a patient who presents has a subarachnoid hemorrhage?

A. And how is this patient presenting?

Q. Okay.

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A. No. I'm -- I'm asking you. Is this a person -- like you're asking me, I think: How does a person with a subarachnoid hemorrhage -- I don't know. I -- I think I might be confused on what you're asking me.

Q. Okay. Well, I guess I'm trying to understand your -- you have worked as an emergency room provider. Okay? And -- well, let me -- let me just start back at the beginning.

MR. GUARINO: No, please don't do that.

THE WITNESS: Yeah, let's don't go back that far.

MR. GUARINO: We're never getting her out of here anytime if we're going to do that.

BY MS. McCREADY:

Q. Well, I don't mean back to the beginning, but if you have a patient who presents -- in your -- in your experience as an emergency room practitioner, when is it that a subarachnoid hemorrhage would come into your differential diagnosis?

A. If the patient had a sudden onset of a really bad headache, often they, you know, refer to that as a thunderclap headache. If the patient had a stiff neck, if the patient had neurologic

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problems, like vision changes, nausea and vomiting, all the things that I mentioned before, trouble with speech, then I would think, hmm, you know, the red flag would go up.

Q. Okay. When you say -- have you ever had a patient come to you and say, I had a thunderclap headache?

A. No, but patients will say -- you know, if you say, did this come on suddenly or slowly, you know, they will tell you whether it was sudden or slow.

Q. And is that generally a question you would ask if a patient came to you with a severe head pain, that you would want to know if it came on suddenly or if it came on slowly?

A. A lot of times.

Q. Is it important to know whether or not a patient's headache is -- had a sudden onset?

A. Yes.

Q. Okay. And -- and -- and why would that be, that you would want to know that? As an emergency room provider, why would you want to know whether or not their headache had a sudden onset?

A. So that you could work through what your differential diagnosis is.

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Q. Okay. When you -- well, do you know -- let me ask you this: Do you know what the standard of care is for a patient, once they're diagnosed with a subarachnoid hemorrhage, once they're actually -- it's determined that they have a subarachnoid hemorrhage, do you know what the standard of care is for treating them?

A. Well, you would turn them over to a neurologist or a neurosurgeon.

Q. Okay. And anything else? I guess I'm just trying to get at: Are you going to be offering any opinions in this case on the standard of care of treating a patient who has got a subarachnoid hemorrhage?

A. No.

(Exhibit 2 marked.)

BY MS. McCREADY:

Q. Okay. On your report, which I have just marked as Exhibit 2 -- and is that a copy of the -- your report in this case?

A. Yes.

Q. All right. I am just wondering what -- what it is you did review before you drafted that report.

A. What it is I did review?

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Q. Yes. What did you review?
A. I reviewed the -- Mr. Allen's medical records, the plaintiffs' responses to the first and second discovery requests, depositions of Kimberly Allen, Patricia Ambrose, Donna Fearey, Susan Edwards, Dr. Dietz, Dr. Brodsky, Dr. Lee, Dr. Scheffel. And then I did talk to Donna Fearey briefly on the telephone. And then I reviewed those medical texts that are --
Q. That you have referred to?
A. Do I have to say what they are?
Q. No, that's okay. But I want to ask you about the medical records. Do you have a list of what medical records you were provided?
MR. GUARINO: Oh, I think I can give you my -- my office -- I asked them -- in fact, I was looking for them before we started, and I don't have it. But I have got the same format, the letters.
MS. McCREADY: Okay.
MR. GUARINO: I have the listing of Bates numbers of medical records I can get to you.
MS. McCREADY: All right.
Q. And then did you -- did you review -- because it looked like you reviewed the triage policies at ANMC.

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A. Yes, I did.
Q. Okay. Did you review any other documents that were related to the ANMC emergency department?
A. I believe that I have a copy of the nurse practitioner job description.
Q. Okay. Anything else --
A. No.
Q. -- that you remember?
A. No.
Q. Were you given a copy of the e-mails and UCC -- I'm sorry -- emergency department policy on giving phone advice?
A. No.
Q. All right.
A. I don't think so.
Q. Okay. Anything else --
A. No, I didn't get those.
Q. Okay. Have you been -- since you wrote this report, have you been provided with anything else, any other documents?
A. The triage -- the triage standards.
Q. Policies?
A. Yeah, policies.
Q. Okay. And that came -- and that came --
A. That came after the report, and the nurse practitioner job description. Those are the only things that came after the report.
Q. Okay. And have you received copies of any of the expert reports in the case?
A. Oh, yeah, I did.
Q. Okay. So the defense experts as well as the plaintiffs' experts?
A. Yes.
Q. All right. Anything else you can think of right now that you -- did you bring anything with you today that related to this case?
A. Yes.
Q. Okay. And what do you -- what do you have?
A. I have just, like, what Gary called my working files, just notes that I have taken as I reviewed records and depositions and the textbooks.
MS. McCREADY: Okay. Let's go off record for a second. We'll pull those out and then mark those as an exhibit.
THE VIDEOGRAPHER: Off record, 10:46 a.m.
(Off record.)
(Exhibit 3 marked.)
THE VIDEOGRAPHER: On record, 10:52 a.m.
MS. McCREADY: All right. Thank you.
Q. I asked you before we went off record if you brought anything, and we just sort of took a few minutes to look at what you had brought today. Is that correct?
A. Yes.
Q. Okay. And I have marked as Exhibit 3 -- and I just want to go through it briefly; I don't want to spend a lot of time on it -- certain documents that you brought related to the case, such as your report. Is that right?
A. Yes.
Q. And your CV. Is that correct?
A. Yes.
Q. And then the emergency room visit from 4/19/03 when Mr. Allen presented at ANMC?
A. Yes.
Q. And the discharge instructions for him that day?
A. Yes.
Q. And then this is the notice of privacy practices with handwriting on it. Is that correct?
A. Yes.
Q. And then the ANMC chronic pain program for the patient -- patient initial assessment. Is that right?
A. Yes. There's three pages of that.

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Q. Have you heard of that text?
A. No.
Q. Okay. How about Tintinalli, T-i-n -- T-i-n-t-i-n-a-l-l-i?
A. No.
Q. It's an emergency room -- have you ever heard of that text?
A. No.
Q. All right. I want to go to the third paragraph of your report, and where you state, at the last sentence: "Although Mr. Allen died later in the day, the early morning urgent care visit with Donna Fearey ANP at Alaska Native Medical Center 4/19/03 seems to have been generally appropriate."
And I just want to ask you: What do you mean by "seems to have been generally appropriate"?
A. I think that it was an appropriate visit, that her -- I think that what I was getting at is what I referred to later on is, in hindsight, there may have been some things that, you know, would have helped. Like in hindsight, a neuro exam may or may not have helped. But generally I felt like her -- her history and exam was appropriate, with the exceptions of the things that I mentioned in my report, that maybe there could have been a little

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bit more history about his vomiting or --
Q. Well, let me ask you about that. Let's just go ahead and mark that as an -- as an exhibit, the emergency room record from 4/19. So I'm marking -- shoot. I always tend to do that.
MS. McCREADY: Do you have any blanks, so -- so I'm not marking one that's highlighted?
You can use that, if you would like.
MR. GUARINO: All right.
(Exhibit 5 marked.)
BY MS. McCREADY:
Q. So I have marked as Exhibit 5 -- that's the 4/19/03 emergency room visit of Todd Allen. And I'm sure you reviewed this a number of times. Is that -- is that right?
A. That's right.
Q. Okay. And so some of the information that you had indicated in your report that in hindsight may have been helpful in this case would have been a more careful history. Is that correct?
A. Could have been a little bit more in-depth.
Q. Okay. And a little bit more in-depth in terms of whether or not this pain was different than the pain he had before?
A. Yes.

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Q. Whether or not this was the worst pain this patient had ever had?
A. Yes.
Q. And the description of the -- the onset, whether or not it was sudden or whether or not it came on over time?
A. Yes.
Q. Anything else from the history that could have been included by Nurse Fearey?
So for instance, do you know how much pain medication this patient had taken before he showed up that morning?
A. No, I don't.
Q. Do you know how many times he vomited?
A. No, I don't.
Q. Okay. Would that be information, as an emergency care provider, that you would want to know about this patient, if he presented in your emergency room?
A. Could be helpful.
Q. Yeah. And how could it be helpful?
A. To help you make your diagnosis.
Q. Okay. And determine whether or not this is more of an urgent situation as opposed to a not very urgent situation?

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A. Yes.
Q. All right. Did you notice that Nurse Fearey documented that this patient had -- that their speech was slow?
A. Yes.
Q. And what -- what did that indicate to you?
A. I didn't know what it meant.
Q. Okay.
A. I didn't know what she meant by it.
Q. All right.
A. I have -- I have to say that in her deposition -- can I refer to that?
Q. Sure, absolutely.
A. She said that -- I think what she said was it wasn't, like, pressured, and so that could mean to me that she was thinking that his speech was normal.
Q. Right. Have you ever documented that a patient's speech was slow just to show that it was normal?
A. I probably wouldn't use those words but --
Q. I mean, if you wanted to document that a patient's speech was normal, would you generally document that it was normal as opposed to slow?
A. Probably.